

CANDIDATE DATA SHEET

STATE OF ALABAMA IT PROFESSIONAL SERVICES CONTRACTOR STAFF

This form must be used to respond to a State of Alabama IT Professional Services Statement of Work. Resumes submitted in other formats may be rejected without qualification review.

SOW # _____ Job Classification _____ Firm _____ Bid Rate _____

Full Name _____ Social Security # (opt.) _____ U.S. Citizen ☐ Yes ☐ No
Last First Middle

If Not a U.S. Citizen, Visa Status _____

Address _____ City _____ State _____

Daytime Phone _____ Evening Phone _____ Email _____

I have been involuntarily terminated, discharged, forced or asked to resign from any job. ☐ Yes ☐ No

If yes, explain in the space below. Note any mitigating or extenuating circumstances.

I have been convicted of a misdemeanor or felony crime. ☐ Yes ☐ No

If yes, explain in the space below. Note any mitigating or extenuating circumstances.

GENERAL / SPECIALIZED QUALIFICATIONS

SOW General or Specialized Skill Requirement Each General and Specialized Skill listed in the SOW must be included below.	Total Years of Related Experience	Most Recent Year of Related Experience (YY)	Related Work Experience Entry(ies) Below
1)			
2)			
3)			
4)			
5)			

WORK EXPERIENCE

Describe your work experience related specifically to the Statement of Work to which you are responding. Do not attach job descriptions.				
a) Job title				
From (MM/YY)	To (MM/YY)	Reason for Leaving	Salary/hourly rate	Hours per week
Employer's name			Supervisor's name	Phone #
Address			Email	
Describe your duties and responsibilities that are relevant to the SOW.				

b) Job title				
From (MM/YY)	To (MM/YY)	Reason for Leaving	Salary/hourly rate	Hours per week
Employer's name			Supervisor's name	Phone #
Address			Email	
Describe your duties and responsibilities that are relevant to the SOW				

EDUCATION

Mark highest level completed. Some HS <input type="checkbox"/> HS/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctoral <input type="checkbox"/>					
List High School or GED site and all Colleges and Universities attended. Do not include a copy of your transcript.					
School Name	Address	Major	Degree Earned (Y/N)	Year Received	Total Credits Earned

PROFESSIONAL LICENSE OR CERTIFICATE

License/Certificate Name	Issued By	License/Certificate No.	Issue Date	Expiration Date

The following information is required for governmental reporting or recordkeeping purposes:

Date of Birth _____
 (Day) (Month) (Year)

Gender (check one) ☐ Male ☐ Female

Race (check all that apply) ☐ White, Non Hispanic ☐ Black ☐ Hispanic ☐ American Indian or Alaskan Native
☐ Pacific Islander ☐ Asian ☐ Other

REFERENCES (List 3)

1) Name	Title	Organization
Address	Phone	Email
2) Name	Title	Organization
Address	Phone	Email
3) Name	Title	Organization
Address	Phone	Email

APPLICANT and CONTRACTING FIRM CERTIFICATION

By submitting this data sheet to the State of Alabama, the applicant AND Contracting Firm **certify** that, to the best of their knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. The candidate further authorizes the release of all relevant prior employment, military service, academic/school and criminal records. False or fraudulent information on or attached to this application may be grounds for not hiring a candidate or firing a candidate once work has begun, and may be punishable by fine or imprisonment. Any information provided to the State of Alabama may be investigated.

SOW #:

Ver. II